

Form Cigar-1

Cigar and Smoking Tobacco Excise Tax Return

2006 Massachusetts Department of Revenue

Amour a Ci b Ro c Of d Total ta Fenalti	n Cigars and Smoking Tobaccont paid to acquire: igars to be sold at retail coll-your-own tobacco (attach Schedule other tobacco (including pipe tobacco) cotal amount paid. Add lines 1a through atte	FID NO	→ 1b 1c	20
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b Roc Off d Total ta Penalti Interes	coll-your-own tobacco (attach Schedule Inther tobacco (including pipe tobacco)	RYO)	> 1b	
c Off d Total ta Penalti Interes	ther tobacco (including pipe tobacco)		→ 1c	
d Total talents	otal amount paid. Add lines 1a through			1
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Tax. A Credit a Ci b R c Of d Total ta Penalti Interes	te		1d	
Credit a Ci b Ro c Ot d Total ta Penalti Interes			2	.30
a Cib Roc Otd Total taPenaltiInteres	Multiply line 1d by line 2		····· 3	
b Rc Ofd Total taPenaltiInteres	for cigar excise previously paid on retur	rned product to wholes	saler or manufacturer:	
c Ord d Total to Penalti Interes	igars to be sold at retail			
d Total ta Penalti Interes	Roll-your-own tobacco (attach Schedule 1	RYO)	4b	
Total ta Penalti Interes	other tobacco (including pipe tobacco)		→ 4c	
Penalti Interes	otal amount of credit. Add lines 4a throu	ugh 4c	4d	
Interes	tax due. Subtract line 4d from line 3		> 5	<u> </u>
	ies		> 6	<u> </u>
Total d	st		> 7	<u> </u>
i Otai u	due		8	
eclarat	tion			
	rsigned certifies under the penaltic			rein contained
<u> </u>	NATITUS STEEDINGA NOROTO SPO TRILO SPO	Date	Phone number	
jiialuie oi a	edules attached hereto are true and authorized officer	Date	i none number	

Mail to: Mass. Department of Revenue, PO Box 7022, Boston, MA 02204. Make check or money order payable to: Commonwealth of Massachusetts.

State

City/Town

Firm name (or yours, if self-employed) and address



Schedule RYO

08/06
<u>Massachusetts</u>
Department of
Domonius

FARNT OF HE	Roll-You	r-Own	Tobacco	•				
ame	Social Security or F	Social Security or Federal Identification number				For the quarter ending		
and and manufacturer informatio ww.dor.state.ma.us/cigarette/ciga anufacturer's name. Products n	rette.htm. Manufacturers listed ot listed on the TPM Directory	on the TPM Di	rectory are Partic	ipating Manufactu				
art 1. Participating	Manufacturers.							
ame of manufacturer	Brands		Name of wholesaler	Dates was pu	RYO rchased	Total ounces of RYO purchased		
1. TOTAL								
ame of manufacturer	Brands		Name of wholesaler	Dates was pu	rchased	Total ounces of RYO purchased		
2. TOTAL								
e number of ounces of RYO ntainer.	purchased can be determine	ed by multiply	ing the number	of containers p	urchased b	by the ounces per		
signed Schedule RYO m	ust be filed with Form (Cigar-1, eve	n if no RYO	was purchase	d in the 1	elevant period.		
eclaration leclare under the penalties ad belief is a true, correct a	of perjury that this return			-		-		
nature of authorized officer	• ***		Date	Phone nu	ımber			
eparer's signature	Social Security	number	Date	Check if self-employed	Employ	er Identification numb		
m name (or yours, if self-employ	ed) and address	City/Town		State	Zip			

Doc: 185043

IMPORTANT NOTICE REGARDING QUARTERLY FORM CIGAR-1

Dear Taxpayer:

Enclosed is your quarterly Form Cigar-1 (Cigar and Smoking Tobacco Excise Tax Return). This Return is due the $20^{\,\text{th}}$ day of the month following the end of the quarter for which the excise is reported . Please mail the Return to the address listed on the Form Cigar-1.

Please complete the Return in its entirety. Additionally, Schedule RYO (Roll-Your-Own Tobacco) must be filled out and submitted with the Form Cigar-1 for the Return to be considered complete. YOU MUST INCLUDE THE BRAND NAME OF THE RYO'S WITH THE MANUFACTURER. Remember to complete the Schedule RYO, sign it, and submit it with the Form Cigar-1.

If you do not sell roll-your-own tobacco, Schedule RYO must still be submitted with your Form Cigar-1. Enter "none" on the Schedule RYO, sign it, and submit it with your Form Cigar-1.

Any Form Cigar-1 without a Schedule RYO will be treated as an incomplete or insufficient return and, pursuant to M.G.L. c. 62C, § 28, the Department of Revenue may assess the tax and double that tax amount, in addition to penalties and interest.

Please note that the information on the Schedule RYO is used by the Massachusetts Office of the Attorney General to determine tobacco manufacturers escrow payments and enforce compliance with the Tobacco Master Settlement Agreement. Therefore, it is important to the Commonwealth that you complete it fully and accurately.

If you have any questions regarding the Form Cigar-1 or Schedule RYO, please call 617-887-5090.

Sincerely, Cigarette Excise Unit Bureau of Desk Audit

NOTICE TO CIGAR AND SMOKING TOBACCO RETAILERS SECOND LEGISLATIVE CHANGE RE-IMPOSES THE OBLIGATION TO COLLECT CIGAR AND SMOKING TOBACCO EXCISES ON RETAILERS

As the Department of Revenue (the "Department") notified you in July, as the result of legislation signed by the Governor on June 24, 2006, the cigar and smoking tobacco excises were imposed on the wholesalers of these products from that date forward. In addition, the June legislation required the Department to license cigar and smoking tobacco manufacturers, wholesalers, and retailers. However, section 7 of the Sales Tax Holiday Bill, which was signed by the Governor and took effect on August 2, 2006, nullified the June legislative changes. As a result of this legislation, wholesalers were obligated to collect the cigar and smoking tobacco excise for the period June 24, 2006 through August 1, 2006 only. As of August 2, 2006, retailers are again responsible for collecting the cigar and smoking tobacco excise. Retailers are not responsible for collecting the cigar and smoking tobacco excise for the period June 24, 2006 through August 1, 2006, however during this period, the retailer should have been paying the excise to their wholesaler. Because of this legislative change, at this time the Department will not license cigar or smoking tobacco manufacturers, wholesalers, or retailers.

As they did prior to June 24, 2006, retailers will again file quarterly returns on Form Cigar-1 and will remit the excise collected with the returns. Form Cigar-1 is due on the twentieth day of the month following the end of the quarter for which the excise is reported. As the Department notified you in June, retailer returns for the second quarter of 2006 should have covered the period April 1, 2006 through June 23, 2006 only. Retailer returns for the third quarter of 2006 will cover the period **August 2, 2006 through September 30, 2006** only and will be due by October 20, 2006.

The Department reminds retailers of the importance of fully and accurately completing a Schedule RYO as part of each Form Cigar-1. The Department will treat a Form Cigar-1 that does not contain a signed Schedule RYO as an incomplete or insufficient return and may impose appropriate penalties.

If you have any questions, please consult Technical Information Release 97-1, which is available on the Department's web site, or call 617-887-5090.

Massachusetts Department of Revenue

Schedule A

(to be filled out with Form Cigar-1)

Cigars and Smoking Tobacco Purchased June 1, 2006 - September 30, 2006

Taxpayer's Name	Fede	Federal Idenficication Number					
Street Address	City/	City/Town State					
	you purchased or acquired cigars or was paid directly to the wholesaler by		ce June 1, 2006.				
Name	Addre	ss		Excise Paid			
A signed Schedule RYO mus	t be filed with Form Cigar-1, even i	f no RYO was purch	ased in the relevan	nt period.			
•							
Declaration							
declare under the penalties and belief is a true, correct a	of perjury that this return has be and complete return.	en examined by me	and to the best o	f my knowledge			
Signature of authorized officer		Date	Phone nui	mber			
Preparer's signature	Social Security number	Date	Employer	Identification number			
Firm name (or yours, if self-employ	ed) and address	City/Town	State	Zip			
Please attach Schedule to Fo	rm Cigar-1.						